

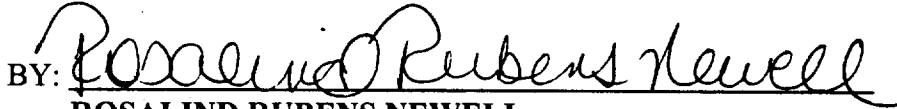
Entered - 05/21/01- sb
CL01L0322 - DIANNE C. MITCHELL

01- *R*-0862

CLAIM OF: FRONSOLONOSO WELLS,
through his attorney,
Joel and Associates
1753 Peachtree Street
Atlanta, Georgia 30309

For damages alleged to have been sustained as a result of a vehicular
accident on April 23, 2001 at McDaniel and Fulton Streets.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0332

Date: May 31, 2001

Claimant /Victim FRNSOLONOSO WELLS
BY: (Atty) Joel and Associates
Address: 1753 Peachtree Street, Atlanta, Georgia 30309
Subrogation: Claim for Property damage \$ Bodily Injury \$ Not Stated
Date of Notice: 05/17/01 Method: Written, proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 04/23/01 Place: McDaniel and Fulton Streets
Department Public Works Division:
Employee involved Disciplinary Action:

NATURE OF CLAIM: The claimant alleges he was injured due to a vehicular accident while riding in a City vehicle. The investigation determined that the claimant is a City employee and was working and on duty at the time of the accident. The claimant's exclusive remedy against the City of Atlanta for the damages he alleges is through his Worker's Compensation benefits. The claimant has been advised of the above and his claim has been forwarded to the Worker's Compensation Division in the Department of Finance.

INVESTIGATION:

Statements: City employee Claimant Others Written Oral
Pictures Diagrams Reports: Police X Dept Report Other
Traffic citations issued: City Driver Claimant Driver
Citation disposition: City Driver Claimant Driver

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial
Improper Notice More than Six Months Other X Damages reasonable
City not involved X Offer rejected Compromise settlement
Repair/replacement by Ins. Co. Repair/replacement by City Forces
Claimant Negligent City Negligent Joint Claim Abandoned

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ Adverse X Account charged: 1A01 2J01 2H01
Claims Manager:  Concur/date 06/01/01
Committee Action: Council Action

M. Arkell

05/17/01

DM

Via Certified Mail-Return Receipt Requested

May 15, 2001

ENTERED - 5-21-01 - SB
01L0322 - DIANNE MITCHELL

City of Atlanta
55 Trinity Avenue SW
Atlanta, GA 30335

RE:	Our Client:	Fronsolonoso Wells
	Your Insured:	City of Atlanta/ Public Works
	Date of Accident:	04/23/2001

Dear Sir or Madam:

We have been retained to represent Fronsolonoso Wells for personal injuries sustained in the above referenced incident. Please direct all future correspondence, negotiations, inquiries and notices to this office.

The information provided to us indicates that our client may be entitled to medical payments and/or uninsured motorist coverage under the above-referenced policy issued by your company. Pursuant to O.C.G.A. 33-3-28, as amended July 1, 1989 we are requesting that you provide us with the Declarations Page for any and all policies issued to City of Atlanta/ Public Works or any member of his family. In addition, please provide similar information regarding coverage on the automobile being operated by Mr. Smith or in which he was a passenger. We are particularly interested in obtaining information regarding the availability of medical payments coverage and uninsured motorist coverage. Your disclosure must contain the names of each known insured, the names of any other insurers (if applicable) and the limits of coverage, which may be applicable to our client in this claim and must be provided within sixty (60) days of your receipt of this request. This information must be amended upon discovery of facts inconsistent with or in addition to information provided. In the event there is no coverage for medical payments and/or uninsured motorists, or if you are denying coverage or liability, please inform us immediately.

If you have not done so, please open a claim for medical payments coverage and provide this office with the paperwork necessary to begin processing the claim.

Sincerely,

Karen Ash
Karen Ash
Case Manager

Enclosure

01- -0862